

FINANCIAL AFFIDAVIT

IN SUPPORT OF REQUEST FOR ATTORNEY, EXPERT OR OTHER COURT SERVICES WITHOUT PAYMENT OF FEE

IN UNITED STATES MAGISTRATE DISTRICT APPEALS COURT or OTHER PANEL (Specify below)
IN THE CASE OF

U.S.

vs. Lawrence

FOR	FILED
AT	APR 10 2008

LOCATION NUMBER

PERSON REPRESENTED (Show your full name)

MICHAEL W. DOBBINS
CLERK, U.S. DISTRICT COURTCHARGE/OFFENSE (describe if applicable & check box →) Felony Misdemeanor

- 1 Defendant - Adult
 2 Defendant - Juvenile
 3 Appellant
 4 Probation Violator
 5 Parole Violator
 6 Habeas Petitioner
 7 2255 Petitioner
 8 Material Witness
 9 Other (Specify) _____

DOCKET NUMBERS	
Magistrate	
District Court	08CR293
Court of Appeals	

ANSWERS TO QUESTIONS REGARDING ABILITY TO PAY

EMPLOY- MENT	Are you now employed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Am Self Employed		
	Name and address of employer: _____		
ASSETS	IF YES, how much do you earn per month? \$ _____	IF NO, give month and year of last employment <u>2- '08</u> How much did you earn per month? \$ <u>9 am 11/bm</u>	
	If married is your Spouse employed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If a minor under age 21, what is your Parents or Guardian's approximate monthly income? \$ _____	
OTHER INCOME	IF YES, how much does your Spouse earn per month? \$ _____		
	Have you received within the past 12 months any income from a business, profession or other form of self-employment, or in the form of rent payments, interest, dividends, retirement or annuity payments, or other sources? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	RECEIVED _____ SOURCES _____ <u>N/A</u>	
CASH	Have you any cash on hand or money in savings or checking account <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	IF YES, state total amount \$ <u>0</u>	
PROP- ERTY	Do you own any real estate, stocks, bonds, notes, automobiles, or other valuable property (excluding ordinary household furnishings and clothing)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	VALUE _____ DESCRIPTION _____ <u>N/A</u>	
	IF YES, GIVE THE VALUE AND \$ _____ DESCRIBE IT _____		
OBLIGATIONS & DEBTS	DEPENDENTS	MARITAL STATUS <input checked="" type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> SEPARATED OR DIVORCED Total No. of Dependents <u>3</u>	to them _____ _____ _____ _____
	DEBTS & MONTHLY BILLS (LIST ALL CREDITORS, INCLUDING BANKS, LOAN COMPANIES, CHARGE ACCOUNTS, ETC.)	APARTMENT OR HOME: <u>Apartment Rent</u>	Creditor _____ Monthly Payt. \$ <u>340</u> \$ <u>120</u> \$ <u>340</u> \$ <u>0</u>

I certify under penalty of perjury that the foregoing is true and correct. Executed on (date) 4-10-08SIGNATURE OF DEFENDANT
(OR PERSON REPRESENTED)▶ Eric Lawrence